



APPLICATION FOR EMPLOYMENT

FULL NAME: _____

POSITION: _____ DATE: _____

PRESENT ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ CELL: _____

AVAILABLE START DATE: ____ - ____ - ____

DRIVERS LICENSE NUMBER: _____ STATE OF ISSUE: _____

EDUCATION HISTORY:

COLLEGE OR UNIVERSITY	MAJOR/ FIELD OF STUDY	YEAR GRADUATED	DEGREE

ADDITIONAL SKILLS, QUALIFICATIONS OR VOLUNTEER EXPERIENCE:

EMPLOYMENT HISTORY:

NAME OF EMPLOYER: _____

DATES EMPLOYED FROM: _____ TO: _____ POSITION: _____

REASON FOR LEAVING: _____

SUPERVISOR'S NAME AND PHONE NUMBER: _____

DESCRIPTION OF DUTIES: _____

NAME OF EMPLOYER: _____

DATES EMPLOYED FROM: _____ TO: _____ POSITION: _____

REASON FOR LEAVING: _____

SUPERVISOR'S NAME AND PHONE NUMBER: _____

DESCRIPTION OF DUTIES: _____

NAME OF EMPLOYER: _____

DATES EMPLOYED FROM: _____ TO: _____ POSITION: _____

REASON FOR LEAVING: _____

SUPERVISOR'S NAME AND PHONE NUMBER: _____

DESCRIPTION OF DUTIES: _____

REFERENCES: PLEASE LIST THREE PEOPLE (NOT RELATED) AND OTHER THAN SUPERVISORS YOU PROVIDED IN YOUR WORK HISTORY, WHO CAN FURNISH INFORMATION ABOUT YOUR CHARACTER AND QUALIFICATIONS CONCERNING THE POSITION FOR WHICH APPLIED.

FULL NAME	ADDRESS	DAYTIME TELEPHONE	YEARS KNOWN

ADDITIONAL INFORMATION ABOUT YOURSELF THAT IS RELEVANT TO THIS POSITION:

THE FACTS SET FORTH IN THIS APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE SUFFICIENT CAUSE FOR IMMEDIATE DISMISSAL. I AUTHORIZE THE McMINNVILLE AREA HABITAT FOR HUMANITY TO CHECK MY REFERENCES AND TO INVESTIGATE ANY INFORMATION PROVIDED IN MY APPLICATION FOR EMPLOYMENT. I FURTHER AUTHORIZE MY PAST EMPLOYERS AND ANYONE WITH INFORMATION ABOUT MY WORK HISTORY, EDUCATION OR QUALIFICATIONS TO PROVIDE INFORMATION IN RESPONSE TO ANY INQUIRY. I UNDERSTAND THAT PRIOR TO BEING APPROVED FOR EMPLOYMENT WITH THE AFFILIATE, ALL PROSPECTIVE STAFF MEMBERS WILL SUBMIT TO A BACKGROUND CHECK USING THE REGISTRY FOR SEXUAL OFFENDERS.

SIGNATURE OF APPLICANT

DATE _____